

**SURVEY FACT SHEET**

Chronic Care in America™ is the first survey to reveal positive behaviors across many chronic conditions, and demonstrate why some people succeed and others struggle to manage a long-term condition such as diabetes, asthma, heart disease and depression.

**Fast Facts**

**People with chronic conditions mostly view themselves as successful at managing their condition, although a sizable minority do not** — 51% of respondents said they are successful; 31% reported being moderately successful; and 17% claimed to be unsuccessful.

**As people grow older, they view themselves as more successful at managing their condition** — 60% of people 61 years old and older perceive themselves as being more successful at managing their condition, whereas only 45% of people 18 to 30 years old see themselves as successful.

**Recognizing the impact of making behavioral changes does not always result in behavior change** — 69% of respondents who said they “do not expect to make changes” in their health behavior still reported that the things they do have an impact on their medical condition.

**Women and men consider themselves equally successful.** Marital status, ethnicity, race, employment status and income were also equivalent across groups.

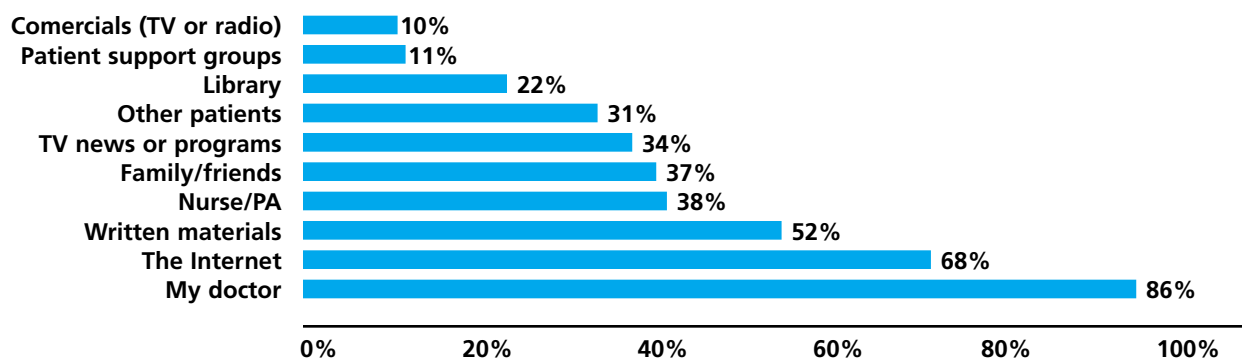
**Physicians want strategies to foster a “positive attitude” in their patients.** Specifically, they view improving attitude as key to enhancing compliance with treatment, improving motivation to succeed, and reducing depression and its negative effects.

**Five Steps for Success**

**1. Get a “prescription for information”**

- 86% of patients continue to rely on their doctor more than any other source of information.
- 62% of successful patients attributed part of their success to “reading and learning” about their condition.
- 46% of successful patients received pamphlets, brochures or other ways to learn about their condition from their doctor at the time of diagnosis.
- Looking back on their chronic condition, patients believe it would have been most helpful to know more about their condition/symptoms.
- 58% of successful patients said that they would like to see guidelines from research showing what works best in treating their conditions.

Patients continue to rely on their doctor more than any other source of information (86% use their doctor), compared to 68% using the Internet.



## 2. Be aware of depression

- 67% of unsuccessful patients reported that emotional problems had limited their usual social activities, compared to only 32% of successful patients.
- Patients with primary depression have the most difficult time achieving success — only 43% of depressed patients view themselves as successful, less than any other chronic condition surveyed.

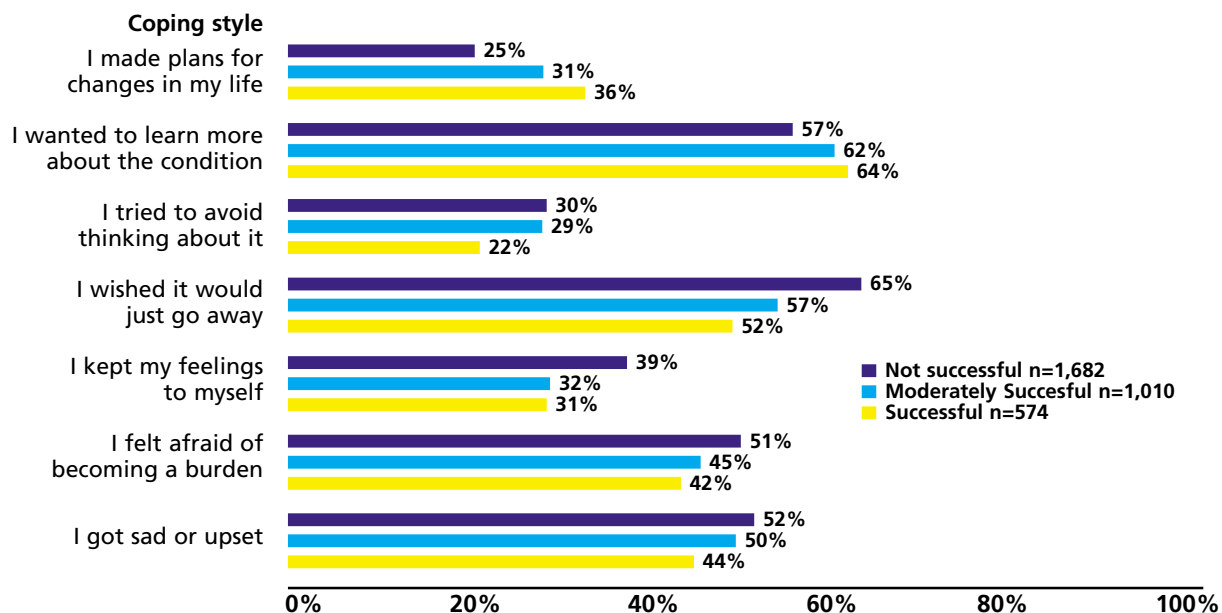
## 3. Make your doctor a partner in care

- Patients look to their doctor for information and advice — of successful patients, 65% reported their doctor scheduled regular visits following diagnosis, 54% said their doctor offered advice about lifestyle change and 46% said their doctor offered pamphlets, brochures and other ways to learn about their condition
- 55% of successful patients report that they and their doctor work together to make decisions on treatment.
- 47% of successful patients indicated their doctor gave them hope and encouragement, compared to only 34% of unsuccessful patients.

## 4. Take action immediately after diagnosis

- 65% of unsuccessful patients wished their condition “would just go away” at diagnosis.
- At the time of diagnosis, 67% of successful and moderately successful patients made plans for change in their lives, while only 25% of unsuccessful patients made similar plans.

Patient behavior at the time of diagnosis determined whether or not they considered themselves “successful,” “moderately successful,” or “not successful” at managing their chronic condition.



## 5. Make a healthy investment in you

- 69% of those who successfully manage their condition say that they had made lifestyle changes in their lifestyle such as diet, taking medication regularly, exercise, etc.
- 53% of those who successfully manage their condition reported that their personal life helped them succeed, as opposed to only 28% of “unsuccessful” patients.
- 54% of respondents said that their family and friends encouraged them to make needed changes in their lives, while only 7% attributed the change to self-motivation and desire to succeed.
- Doctors report that the most frequent strategies they use to help patients control their chronic conditions include providing information, helping them set goals, and encouraging participation in patient support groups.

For copies of the brochure, Five Steps for Success, please call GlaxoSmithKline at 888-825-5249.

## NATIONAL ADVISORY BOARD QUOTE SHEET

**On patient/doctor communication...**

"People with chronic conditions often see multiple doctors. A way to coordinate all the information that patient's receive and a way for doctors to communicate with each other is critical to good quality care."

**Gerard Anderson, Ph.D. Director, Partnership for Solutions, Johns Hopkins**

"In this age of exponentially expanding information resources, physicians are still the primary portal for health information. This study shows the primacy of the patient-physician relationship in education and treating long-term disease and its importance in empowering patients to manage illness and locate credible, understandable resources."

**Donald W. Fisher, Ph.D. CAE, President and CEO, American Medical Group Association**

**On chronic conditions...**

"Patients with chronic illness know better than anyone what they need to be healthy, manage their symptoms, and live normal lives. The reality is that the patient and family live with these challenges all day, every day - and they need to have the information and tools to be successful. This data reminds us that the way we pay for health care and interact with our doctors and insurers has to change significantly if we are to achieve better care for chronic illness."

**David Lansky, Ph.D., President, Foundation for Accountability (FACCT)**

"Most people with chronic conditions do not have a single treatable disease, e.g. diabetes. For example, 66% of Medicare costs relate to 20% of Medicare beneficiaries that have 5 or more chronic conditions. Unfortunately, current financial incentives, regulations, and management structures ignore the interdependent and ongoing nature of chronic illness. They lock in place a piecemeal approach to care. The result is confusion and complexity for patients and families, a high prevalence of medical errors, and unnecessary accumulation of costs. Long term quality of care and cost control cannot be achieved unless we move beyond single disease-state management and realign delivery and financing systems to better serve people with multiple, complex care needs."

**Richard J. Bringewatt President and CEO, National Chronic Care Consortium**

**On information...**

"The Landmark Survey provides exciting new data about how patients are coping with chronic diseases. We live in an information age, and medicine is no exception. The survey shows that patients continue to rely on their physicians as the most trusted and valued source of information about their illnesses. But increasingly, they are turning to the many tools of the information age, including the Internet. While some may fear the latter, it is encouraging that in spite of the plethora of new information outlets, patients still view their relationships with health professionals as the centerpiece of their disease management. What we see is far from a vision of patients circling out by themselves without physician support. We see patients who not only rely on physicians, but who are more and more adept at enhancing the information from physicians and other health providers with information they find on their own."

**Barbara Rimer, Dr.P.H. Deputy Director, Population Sciences, Lineberger Comprehensive Cancer Center, University of North Carolina at Chapel Hill**

"The survey findings mirror the National Health Council's belief that patients who take charge of their own health care are more successful at dealing with long-term conditions. A well-informed patient can truly become a champion for his or her own care, and the health care system's responsibility is to provide patients with the right information and tools to ensure that this happens."

**Myrl Weinberg, CAE President, National Health Council**



## IMPORTANCE OF CHRONIC CARE IN AMERICA Chronic Care Backgrounder

**Chronic conditions, including diabetes, heart disease, asthma, and depression are among the most prevalent and costly of all health problems. The following are key chronic care facts:**

- There are 125 million people with chronic conditions (more than 44% of the nation's population), a figure expected to rise to 171 million by 2030.<sup>1</sup>
- 25 million people, or more than 1 in every 10 Americans, experience major limitations because of chronic disabling conditions.<sup>2</sup>
- Medical costs for people with chronic diseases account for more than 70% of the \$1 trillion spent on healthcare each year in the United States.<sup>3</sup>
- 88% of prescriptions filled in the US are for a chronic condition<sup>1</sup>, but only 20% of patients comply with taking the medication correctly.<sup>4</sup>
- The risk of depression is 25%–33% among patients with chronic conditions.<sup>5</sup>
- Chronic diseases account for 70% of all deaths in the United States.<sup>2</sup>
- Chronic conditions account for 5 of 10 leading causes of death among younger men and six of 10 among younger women (ages 35-49 years).<sup>3</sup>
- Most premature deaths among minorities and the disadvantaged are due to chronic conditions.<sup>3</sup>
- Three chronic conditions - heart disease, cancer, and diabetes - are the cause of more than half (55.5%) of all African American deaths (158,689 deaths), and almost half (48.8%) of all Hispanic deaths (50,307).<sup>6</sup>
- While 78% of Medicare beneficiaries have at least one chronic condition, 63% of Medicare beneficiaries have two or more chronic conditions.<sup>7</sup>
- In general, the prevalence of chronic conditions increases with age--74% of the 65-69 year old group have at least one chronic condition, while 86% of those 85 years old and older have at least one chronic condition.<sup>7</sup>
- Annual Medicare cost per person with a chronic condition is dependent on the number of conditions that a beneficiary has. It ranges from \$982 for those with one chronic condition vs. \$13,730 for those with five or more conditions. This compares with \$163 for those without a chronic condition.<sup>7</sup>

<sup>1</sup> Partnership for Solutions, *The Problem: About Chronic Conditions*, July 24, 2002, [www.partnershipforsolutions.org/problem](http://www.partnershipforsolutions.org/problem)

<sup>2</sup> Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, *Chronic Disease Overview*, August 30, 2002, [www.cdc.gov/nccdp/overview.htm](http://www.cdc.gov/nccdp/overview.htm)

<sup>3</sup> Centers for Disease Control and Prevention, *Unrealized Prevention Opportunities: Reducing the Health and Economic Burden of Chronic Disease*, November 2000, [www.cdc.gov/nccdp/upo/intro.htm](http://www.cdc.gov/nccdp/upo/intro.htm)

<sup>4</sup> NACDS and Drug Topics Archive, March 1997

<sup>5</sup> Cleveland Clinic Health System, *A Vicious Cycle: Chronic Illness and Depression*, 2002

<sup>6</sup> National Vital Statistics Report, Vol. 50, No. 16, September 16, 2002

<sup>7</sup> The Center for Medicare Advocacy, Inc., *The Clinical Characteristics of Medicare Beneficiaries and the Implications for Medicare Reform*, March 2002

## NATIONAL ADVISORY BOARD BIOGRAPHIES

### **Gerard F. Anderson, Ph.D.**

Gerard Anderson, Ph.D. is Director of the Center for Hospital Finance and Management, Johns Hopkins Medical Institutions; co-Director of the Program for Medical Technology and Practice Assessment; Director of the Washington D.C. Health Policy Program; Professor and Associate Chair of Health Policy and Management, Johns Hopkins University School of Hygiene and Public Health; and Professor of International Health and Professor of Medicine, Johns Hopkins University School of Medicine.

### **Carolyn Britton, M.D.**

Carolyn Britton, M.D. is an Associate Professor of Clinical Neurology at Columbia University College of Physicians and Surgeons and an Associate Attending Physician at Presbyterian Hospital. Her office is part of the New York Neurological Institute, Columbia-Presbyterian Medical Center. Dr. Britton specializes in infection & inflammatory conditions of the CNS, including neuro-AIDS, meningitis, encephalitis, sarcoidosis, collagen muscular disorders, and multiple sclerosis. Dr. Britton is Finance Chair of the National Medical Association's Board of Trustees.

### **Richard J. Bringewatt**

Richard J. Bringewatt is president and CEO of the National Chronic Care Consortium (NCCC). The NCCC is a diversified alliance of health leaders established to transform health and long-term care for people with chronic conditions. Mr. Bringewatt was co-founder and principal architect of the NCCC and has served as its president and CEO since January 1994. He has provided consultation to hundreds of health and social service organizations throughout the United States, Canada and Europe.

### **Kurtis S. Elward, M.D., MPH, FAAFP**

Kurtis S. Elward, M.D. is Medical Director for Quality Improvement at Southern Health of Virginia, a subsidiary of Coventry Health Care. Dr. Elward is serving as faculty for the AAFP-NICHQ Asthma Collaborative and as the Chair of the Quality and Disease Management team of Martha Jefferson PPO, developing programs of quality improvement for diabetes, asthma, influenza vaccination, congestive heart failure, and myocardial infarction for 150 physicians caring for more than 50,000 patients.

### **Donald W. Fisher, Ph.D., CAE**

Donald W. Fisher, Ph.D., is President and CEO of the American Medical Group Association (AMGA), a trade association that represents medical groups, including some of the nation's largest, most influential integrated health care delivery systems. Dr. Fisher has been CEO of the

organization (formerly the American Group Practice Association, Inc.) since October 1980. Under his leadership, AMGA has become the premier voice for medical groups in the United States, with its membership currently responsible for delivering health care to more than 50 million Americans.

### **David Lansky, Ph.D.**

David Lansky, Ph.D., has served as Foundation for Accountability (FACCT) President since the organization was founded in 1995. For more than twenty years, Dr. Lansky has been a proponent of a more responsive and accountable health care system. Dr. Lansky has served as a board member or advisor to numerous health care projects and programs, including the National Quality Forum, the Joint Commission on Accreditation of Healthcare Organizations, the National Patient Safety Foundation, the Leapfrog Group, and President Bush's 2002 Economic Forum.

### **Gregg O. Lehman, Ph.D.**

Gregg Lehman, Ph.D., serves as President and Chief Executive Officer of Gordian Health Solutions, a Tennessee-based company providing population health management products and services to employers, managed care organizations, and healthcare providers throughout the United States. Prior to joining Gordian, Dr. Lehman was President and C.E.O. of the National Business Coalition on Health (NBCH) – the voice of nearly 90 employer-led coalitions across the United States representing over 7000 employers and over 28 million Americans.

### **Barbara K. Rimer, Dr.P.H.**

Barbara Rimer, Dr.P.H. is Professor of Health Behavior and Health Education at the University of North Carolina School of Public Health and Deputy Director for Population Science at the Lineberger Comprehensive Cancer Center. From 1997 to 2002 Dr. Rimer was Director of the Division of Cancer Control and Population Sciences at the National Cancer Institute (NCI). From 1994-1997 Dr. Rimer was Chair of the NCI's National Cancer Advisory Board.

### **Myrl Weinberg, CAE**

Myrl Weinberg is President of the National Health Council, and her career has focused on health, medical research, long-term care, social security, and related issues that affect people with chronic diseases and/or disabilities. She was selected to serve on the congressionally mandated Institute of Medicine committee created to assess how research priorities are established at the National Institutes of Health.